

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me - G</i>		1-4-00
O.I.P.E. CLASSIFIER		10	1-13-00
FORMALITY REVIEW		<i>6447</i>	2-7-10
RESPONSE FORMALITY REVIEW		<i>6447</i>	6-30-10

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	04/02/00
2	✓	✓	04/02/00
3	✓	✓	04/02/00
4	✓	✓	04/02/00
5	✓	✓	04/02/00
6	✓	✓	04/02/00
7	✓	✓	04/02/00
8	✓	✓	04/02/00
9	✓	✓	04/02/00
10	✓	✓	04/02/00
11	✓	✓	04/02/00
12	✓	✓	04/02/00
13	✓	✓	04/02/00
14	✓	✓	04/02/00
15	✓	✓	04/02/00
16	✓	✓	04/02/00
17	✓	✓	04/02/00
18	✓	✓	04/02/00
19	✓	✓	04/02/00
20	✓	✓	04/02/00
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28	✓	✓	04/02/00
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30	✓	✓	04/02/00
31	✓	✓	04/02/00
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42	✓	✓	04/02/00
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45	✓	✓	04/02/00
46	✓	✓	04/02/00
47	✓	✓	04/02/00
48	✓	✓	04/02/00
49	✓	✓	04/02/00
50	✓	✓	04/02/00

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
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